

Trauma Case Review Data

Information provided will be used for the purpose of improving patient care and not for punitive action. The person named above is prohibited from distributing any information or material used in this review and must assure that all individuals who will have access to the information provided have signed a confidentiality agreement. Once the case review is complete, all records will be destroyed according to HIPPA guidelines.

To be completed by the Regional TSE Committee:

TSE Tracking Number: _____ Incident Date: _____

Patient Age: _____ Gender: Female or Male

Planned Review Date: _____

Incident Description: _____

Exacerbating Factors:

Multi-Patient: _____

Adverse Weather: _____

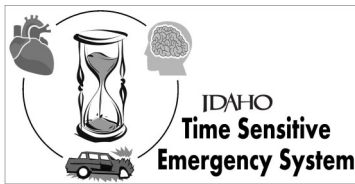
Patient Access: _____

Other: _____

Co-Morbid Factors: _____

Injury Summary: _____

	Dispatch				EMS			
	EMS Type/Level	Call Received	EMS Dispatched	EMS En route	Arrive Scene	Depart Scene	Arrive Hospital	Lapsed Time
Initial EMS								
EMS Support 1								
EMS Support 2								



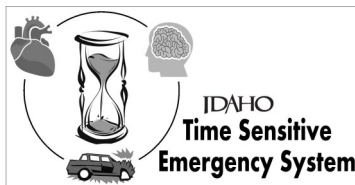
Trauma Case Review Data

TSE tracking number: _____

Initial EMS								
	Time	Blood Pressure	Heart Rate	Respiratory Rate	O ₂ Saturation	GCS	Pupil Size & Response	Blood Glucose
Initial								
Final								
Treatment notes:								

Support 1 EMS								
	Time	Blood Pressure	Heart Rate	Respiratory Rate	O ₂ Saturation	GCS	Pupil Size & Response	Blood Glucose
Initial								
Final								
Treatment notes:								

Support 2 EMS								
	Time	Blood Pressure	Heart Rate	Respiratory Rate	O ₂ Saturation	GCS	Pupil Size & Response	Blood Glucose
Initial								
Final								
Treatment notes:								



Trauma Case Review Data

TSE tracking number: _____

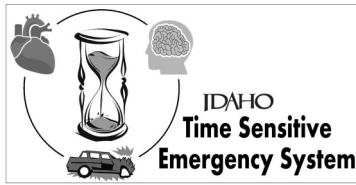
Receiving Facility 1 ~ Level _____ Trauma Center

Initial ED Vital Signs								
Time	BP	Heart Rate	Resp. Rate	O ₂ Sat	Temp	GCS	Pupil Size & Response	Blood Glucose

Time	Key ED Resuscitation/Diagnostic Activity Summary

Final ED Vital Signs								
Time	BP	Heart Rate	Resp. Rate	O ₂ Sat	Temp	GCS	Pupil Size & Response	Blood Glucose

Pt Arrive ED	Trauma Team (TT) activated	TT Assembled	Discharged ED	TT Time	ED Dwell Time



Trauma Case Review Data

TSE tracking number: _____

Receiving Facility 2 ~ Level _____ Trauma Center

Initial ED Vital Signs								
Time	BP	Heart Rate	Resp. Rate	O ₂ Sat	Temp	GCS	Pupil Size & Response	Blood Glucose

Time	Key ED Resuscitation/Diagnostic Activity Summary

Final ED Vital Signs								
Time	BP	Heart Rate	Resp. Rate	O ₂ Sat	Temp	GCS	Pupil Size & Response	Blood Glucose

Pt Arrive ED	Trauma Team (TT) activated	TT Assembled	Discharged ED	TT Time	ED Dwell Time